

CASTLE GATE POSSE  
MEMBERSHIP APPLICATION FORM

The Castle Gate Posse  
3047 West 600 North  
Price Ut 84501

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

SASS alias (if applicable) \_\_\_\_\_

**Shooter under the age of 18 must have a parent or authorized adult who can sign a Release and Waiver with permission for the minor to shoot with the club.**

I hereby request membership in the Castle Gate Posse Cowboy Action Shooting Club and agree to abide by the rules and all safety requirements for the ranges where we shoot.

Individual Annual Dues \$30.00 \_\_\_\_\_

Family/household Annual Dues \$50.00 \_\_\_\_\_

Under 16 no charge \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Waiver signed ( )

\_\_\_\_\_